



2006

Behavioral Risk Factor Surveillance System

Questionnaire

Behavioral Risk Factor Surveillance System 2006 Questionnaire

Table of Contents

Table of Contents.....	2
Interviewer's Script.....	3
Core Sections.....	5
Section 1: Health Status (1).....	5
Section 2: Healthy Days — Health-Related Quality of Life (3).....	5
Section 3: Health Care Access (4)	6
Section 4: Exercise (1).....	7
Section 5: Diabetes (1)	7
Module 4: Diabetes (12)	7
Section 6: Oral Health (3)	10
Section 7: Cardiovascular Disease Prevalence (3)	11
Section 8: Asthma (2)	11
Section 9: Disability (2).....	12
Section 10: Tobacco Use (3)	12
Section 11: Demographics (18)	13
Section 12: Veteran's Status (1).....	17
State-added 1: Veteran's Status (3)	17
Section 13: Alcohol Consumption (5)	18
Section 14: Immunization/Adult Influenza Supplement (11).....	12
Section 15: Falls (2).....	22
Section 16: Seatbelt Use (1).....	22
Section 17: Drinking and Driving (1).....	23
Section 18: Women's Health (7).....	23
Section 19: Prostate Cancer Screening (5).....	25
Section 20: Colorectal Cancer Screening (4)	26
Section 21: HIV/AIDS (4).....	27
Section 22: Emotional Support and Life Satisfaction (2).....	28
Transition to Modules and/or State-Added Questions	29
Optional Modules	29
Module 5: Visual Impairment and Access to Eye Care (10).....	29
Module 9: Folic Acid (4)	29
Module 14: Anxiety and Depression (10)	34
State-added Questions	36
State-added 2: Epilepsy (5)	36
State-added 3: Tobacco Cessation (2).....	37
State-added 4: Skin Cancer (2)	37
State-added 5: Antibiotic Resistance (4)	37
State-added 6: Home Environment (2).....	37
State-added 7: Adult Asthma (4)	40
Optional Module	40
Module 15: Sexual Violence (8).....	40

Interviewer's Script

HELLO, I am calling for the Florida Department of Health. My name is (name). We are gathering information about the health of Florida residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no",

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no",

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

If "yes",

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1",

Are you the adult?

If "yes",

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no",

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you", go to page 4



To the correct respondent:

HELLO, I am calling for the Florida Department of Health. My name is (name). We are gathering information about the health of Florida residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Section 1: Health Status (1)

- 1.1** Would you say that in general your health is— (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life (3)

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- ____ Number of days
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- ____ Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

_____	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

Section 3: Health Care Access (4)

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

- 3.2** Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

1	Yes, only one
2	More than one
3	No
7	Don't know / Not sure
9	Refused

- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

1	Within past year (1-12 months ago)
2	Within past 2 years (1-2 years ago)
3	Within past 5 years (2-5 years ago)
4	5 or more years ago
7	Don't know / Not sure
8	Never
9	Refused

Section 4: Exercise (1)

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Diabetes (1)

5.1 Have you ever been told by a doctor that you have diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(85)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Module 4: Diabetes (12)

To be asked following core Q5.1 if response is "Yes." (code=1)

M4.1 How old were you when you were told you have diabetes?

(226-227)

- Code age in years **[97 = 97 and older]**
- 9 8 Don't know / Not sure
 - 9 9 Refused

M4.2 Are you now taking insulin?

(228)

- 1 Yes
- 2 No
- 9 Refused

M4.3 Are you now taking diabetes pills? (229)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M4.4 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (230–232)

- 1 — Times per day
- 2 — Times per week
- 3 — Times per month
- 4 — Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

M4.5 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (233-235)

- 1 — Times per day
- 2 — Times per week
- 3 — Times per month
- 4 — Times per year
- 8 8 8 Never
- 5 5 5 No feet
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

M4.6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (236)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M4.7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (237-238)

- Number of times **[76 = 76 or more]**
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M4.8 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (239-240)

- ____ Number of times [76 = 76 or more]
- | | | |
|---|---|-------------------------------|
| 8 | 8 | None |
| 9 | 8 | Never heard of "A one C" test |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

CATI note: If M4.5 = 555 (no feet), go to M4.10.

M4.9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (241-242)

- ____ Number of times [76 = 76 or more]
- | | | |
|---|---|-----------------------|
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

M4.10 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (243)

Read only if necessary:

- | | |
|---|--|
| 1 | Within the past month (anytime less than 1 month ago) |
| 2 | Within the past year (1 month but less than 12 months ago) |
| 3 | Within the past 2 years (1 year but less than 2 years ago) |
| 4 | 2 or more years ago |
| 8 | Never |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

M4.11 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (244)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

M4.12 Have you ever taken a course or class in how to manage your diabetes yourself? (245)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 6: Oral Health (3)

- 6.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(86)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

- 6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

(87)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

Note: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

CATI note: If Q6.1 = 8 (Never) or Q6.2 = 3 (All), go to the next module.

- 6.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 7: Cardiovascular Disease Prevalence (3)

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes”, “No”, or you’re “Not sure.”

7.1 (Ever told) you had a heart attack, also called a myocardial infarction? (89)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.2 (Ever told) you had angina or coronary heart disease?] (90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.3 (Ever told) you had a stroke? (91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Asthma (2)

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

8.2 Do you still have asthma? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Disability (2)

The following questions are about health problems or impairments you may have.

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (161)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (162)

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 10: Tobacco Use (3)

10.1 Have you smoked at least 100 cigarettes in your entire life? (109)

Note: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

10.2 Do you now smoke cigarettes every day, some days, or not at all? (110)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

- 10.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (111)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 11: Demographics (18)

- 11.1** What is your age? (122–123)
- Code age in years
 - 0 7 Don't know / Not sure
 - 0 9 Refused

- 11.2** Are you Hispanic or Latino? (124)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 11.3** Which one or more of the following would you say is your race? (125–130)
- (Check all that apply)**

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q11.3, continue. Otherwise, go to Q11.5

11.4 Which one of these groups would you say best represents your race? (131)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____
- 7 Don't know / Not sure
- 9 Refused

11.5 Are you...? (132)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 7 Don't know / Not sure
- 9 Refused

11.6 How many children less than 18 years of age live in your household? (133-134)

- — Number of children
- 8 8 None
- 9 9 Refused

11.7 What is the highest grade or year of school you completed? (135)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 7 Don't know / Not sure
- 9 Refused

11.8 Are you currently...?

(136)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

11.9 Is your annual household income from all sources—

(137-138)

If respondent refuses at ANY income level, code 99 (Refused)

Read only if necessary:

- 04 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If “no,” code 04; if “yes,” ask 02
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If “no,” code 02
- 05 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

11.10 About how much do you weigh without shoes? (139-142)

Note: If respondent answers in metrics, put "9" in column 139.

Round fractions up

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

11.11 About how tall are you without shoes? (143-146)

Note: If respondent answers in metrics, put "9" in column 143.

Round fractions down

— — / — —	Height
(ft / inches/metrics/centimeters)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

11.12 What county do you live in? (147-149)

— — —	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

11.13 What is your ZIP Code where you live? (150-154)

— — — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

11.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (155)

1	Yes	
2	No	[Go to Q11.16]
7	Don't know / Not sure	[Go to Q11.16]
9	Refused	[Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers? (156)

—	Residential telephone numbers [6=6 or more]
7	Don't know / Not sure
9	Refused

- 11.16** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (157)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 11.17** **Indicate sex of respondent. Ask only if necessary.** (158)
- 1 Male [Go to next section]
 - 2 Female [If respondent is 45 years old or older, go to next section]
- 11.18** To your knowledge, are you now pregnant? (159)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12: Veteran's Status (1)

The next question relates to military service.

- 12.1** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (160)
- 1 Yes
 - 2 No [Go to 13.1]
 - 7 Don't know / Not sure [Go to 13.1]
 - 9 Refused [Go to 13.1]

State-added 1: Veteran's Status (3)

- FL1.1** Which of the following best describes your service in the United States military? Please read: (357)
- 1 Currently on active duty
 - 2 Currently in a National Guard or Reserve unit
 - 3 Retired from military service
 - 4 Medically discharged from military service
 - 5 Discharged from military service

Do not read these responses

- 7 Don't know / Not sure
- 9 Refused

FL1.2 In the last 12 months have you received some or all of your health care from VA facilities? (358)

[If "yes" probe for "all" or "some" of the health care.]

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

FL1.3 Since 2001, have you been deployed to the regions of Afghanistan or Iraq in support of U.S. military operations? (359)

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

Section 13: Alcohol Consumption (5)

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (112)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (113–115)

- 1__ Days per week
- 2__ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to next section]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (116-117)

— —	Number of drinks
7 7	Don't know / Not sure
9 9	Refused

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion? (118–119)

— —	Number of times
8 8	None
7 7	Don't know / Not sure
9 9	Refused

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (120–121)

— —	Number of drinks
7 7	Don't know / Not sure
9 9	Refused

Section 14: Immunization/Adult Influenza Supplement (11)

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (150-155)

/ Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
 9 9 / 9 9 9 9 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season? (156-157)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (158)

Read each problem listed below:

Lung problems, including asthma
 Heart problems
 Diabetes
 Kidney problems
 Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
 -Or-
 Sickle Cell Anemia or other anemia

- 1 Yes
- 2 No [Go to Q14.7s]
- 7 Don't know / Not sure [Go to Q14.7s]
- 9 Refused [Go to Q14.7s]

14.6s Do you still have (this/any of these) problem(s)? (159)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work. (160)

- 1 Yes
- 2 No [Go to Q14.9]
- 7 Don't know / Not sure [Go to Q14.9]
- 9 Refused [Go to Q14.9]

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (161)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (162)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

The next question is about behaviors related to Hepatitis B.

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls (2)

If respondent is 45 years or older continue, else go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 15.1** In the past 3 months, how many times have you fallen? (165-166)
- | | | | |
|---|---|-----------------------|-----------------------------|
| | | Number of times | |
| 8 | 8 | None | [Go to next section] |
| 7 | 7 | Don't know / Not sure | [Go to next section] |
| 9 | 9 | Refused | [Go to next section] |

- 15.2** [Did this fall cause an injury? CATI INSTRUCTION: IF ONLY 1 FALL FROM Q15.1 AND RESPONSE FROM IS 'YES' TO Q15.2, CODE 01. IF RESPONSE IS 'NO', CODE 88]

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- (167-168)
- | | | | |
|---|---|-----------------------|-----------------------------|
| | | Number of falls | |
| 8 | 8 | None | [Go to next section] |
| 7 | 7 | Don't know / Not sure | [Go to next section] |
| 9 | 9 | Refused | [Go to next section] |

Section 16: Seatbelt Use (1)

- 16.1** How often do you use seat belts when you drive or ride in a car? (169)
- | | |
|---|---------------|
| 1 | Always |
| 2 | Nearly always |
| 3 | Sometimes |
| 4 | Seldom |
| 5 | Never |
- Do not read:**
- | | |
|---|------------------------------|
| 7 | Don't know / Not sure |
| 8 | Never drive or ride in a car |
| 9 | Refused |

Section 17: Drinking and Driving (1)

CATI INSTRUCTION: IF Q16.1 = 8 (NEVER DRIVE OR RIDE IN CAR), GO TO SECTION 18; OTHERWISE CONTINUE.

The next question is about drinking and driving.

- 17.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)
- | | | |
|---|---|-----------------------|
| 8 | 8 | Number of times |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 18: Women's Health (7)

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

- 18.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)
- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q18.3] |
| 7 | Don't know / Not sure | [Go to Q18.3] |
| 9 | Refused | [Go to Q18.3] |
- 18.2** How long has it been since you had your last mammogram? (173)
- Read only if necessary:**
- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |
- Do not read:**
- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |
- 18.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (174)
- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q18.5] |
| 7 | Don't know / Not sure | [Go to Q18.5] |
| 9 | Refused | [Go to Q18.5] |

18.4 How long has it been since your last breast exam? (175)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not Sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test? (177)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to Core Q11.18 = 1 (is pregnant) then go to next section.

18.7 Have you had a hysterectomy? (178)

Read only if necessary:

A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 19: Prostate Cancer Screening (5)

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (179)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test? (180)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (181)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam? (182)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

- 19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 20: Colorectal Cancer Screening (4)

CATI note: If respondent is ≤ 49 years of age, go to next section.

- 20.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (184)
- 1 Yes
 - 2 No [Go to Q20.3]
 - 7 Don't know / Not sure [Go to Q20.3]
 - 9 Refused [Go to Q20.3]

- 20.2** How long has it been since you had your last blood stool test using a home kit? (185)
- Read only if necessary:**
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
 - 9 Refused
- 20.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (186)
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 21: HIV/AIDS (4)

CATI note: If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

- 1 Yes
- 2 No **[Go to Next Section]**
- 7 Don't know / Not Sure **[Go to Next Section]**
- 9 Refused **[Go to Next Section]**

21.2 Not including blood donations, in what month and year was your last HIV test? (189-194)

Note: If response is before January 1985, code "Don't know."

- | | |
|---|-----------------------|
| <u>7</u> <u>7</u> / <u>7</u> <u>7</u> <u>7</u> <u>7</u> | Code month and year |
| 9 9 9 9 9 9 | Don't know / Not sure |
| | Refused |

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

(195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

CATI note: Ask Q.21.4; if Q.21.2 = within last 12 months. Otherwise, go to next section.

21.4 Was it a rapid test where you could get your results within a couple of hours?

(197)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 22: Emotional Support and Life Satisfaction (2)

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source”.

(198)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

22.2 In general, how satisfied are you with your life?

(199)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Transition to Modules and/or State-Added Questions

Transition to modules and/or state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 5: Visual Impairment and Access to Eye Care (10)

CATI note: If respondent is less than 40 years of age, go to next module.

I would like to ask you questions about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.

M5.1 How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

(249)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

M5.2 How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say—

(250)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

M5.3 When was the last time you had your eyes examined by any doctor or eye care provider?
(251)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **[Go to M5.5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to M5.5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

M5.4 What is the main reason you have not visited an eye care professional in the past 12 months? (252-253)

Read only if necessary:

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

Do not read:

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind) **[Go to next module]**
- 9 9 Refused

CATI note: Skip M5.5, if any response to Module 4 (Diabetes) M4.10.

M5.5 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (254)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

M5.6 Do you have any kind of health insurance coverage for eye care? (255)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

M5.7 Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(256)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

M5.8 Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

(257)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Please read:

Age-related Macular Degeneration (AMD) is a disease that blurs the sharp, central vision you need for "straight-ahead" activities such as reading, sewing, and driving. AMD affects the macula, the part of the eye that allows you to see fine detail.

M5.9 Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

(258)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

M5.10 Have you EVER had an eye injury that occurred at your workplace while you were doing your work?

(259)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 9: Folic Acid (4)

M9.1 Do you currently take any vitamin pills or supplements? (290)

Include liquid supplements.

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to M9.5] |
| 7 | Don't know / Not sure | [Go to M9.5] |
| 9 | Refused | [Go to M9.5] |

M9.2 Are any of these a multivitamin? (291)

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | [Go to M9.4] |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

M9.3 Do any of the vitamin pills or supplements you take contain folic acid? (292)

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to M9.5] |
| 7 | Don't know / Not sure | [Go to M9.5] |
| 9 | Refused | [Go to M9.5] |

M9.4 How often do you take this vitamin pill or supplement? (293–295)

- | | | |
|---|-----|-------------------------|
| 1 | ___ | Times per day |
| 2 | ___ | Times per week |
| 3 | ___ | Times per month |
| 7 | 7 | 7 Don't know / Not sure |
| 9 | 9 | 9 Refused |

If respondent is 45 years old or older, go to next module.

M9.5 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (296)

Please read:

- | | |
|---|--------------------------------|
| 1 | To make strong bones |
| 2 | To prevent birth defects |
| 3 | To prevent high blood pressure |

Or

- | | |
|---|-------------------|
| 4 | Some other reason |
|---|-------------------|

Do not read:

7 Don't know / Not sure
9 Refused

Module 14: Anxiety and Depression (10)

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

M14.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
(322-323)

___ ___ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

M14.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
(324-325)

___ ___ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

M14.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
(326-327)

___ ___ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

M14.4 Over the last 2 weeks, how many days have you felt tired or had little energy?
(328-329)

___ ___ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

M14.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
(330-331)

___	___	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

M14.6 Over the last 2 weeks, how many days have you felt bad about yourself – **or** that you were a failure or had let yourself or your family down?
(332-333)

___	___	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

M14.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching TV?
(334-335)

___	___	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

M14.8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?
(336-337)

___	___	01-14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

M14.9 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic attacks, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?
(338)

1	Yes
2	No
7	Don't know / not sure
9	Refused

M14.10 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (339)

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

State-added Questions

State-added 2: Epilepsy (5)

FL2.1 Have you ever been told by a doctor that you have a seizure disorder or epilepsy? (360)

- 1 Yes
- 2 No [Go to FL3.1]
- 7 Don't know / Not sure [Go to FL3.1]
- 9 Refused [Go to FL3.1]

FL2.2 Are you currently taking any medicine to control your seizure disorder or epilepsy? (361)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

FL2.3 How many seizures of any type have you had in the last three months? (362)

- 1 None
- 2 One
- 3 More than one
- 4 No longer have epilepsy or seizure disorder [Go to next section]
- 7 Don't know / Not sure
- 9 Refused

Instructions to interviewer: If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

FL2.4 In the past year, have you seen a neurologist or epilepsy specialists for your epilepsy or seizure disorder? (363)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

FL2.5 During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say: (364)

Please read:

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-added 3: Tobacco Cessation (2)

CATI: Only if C10.1 = 1, go to FL3.1; else skip to next module.

FL3.1 Would you call a toll-free hotline that could help you quit smoking? (365)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

FL3.2 Would you use counseling or medical advice to help you quit smoking if it were available in your own community?. (366)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 4: Skin Cancer (2)

FL4.1 When you are tanning, either outside or on an indoor tanning bed, what products do you usually apply to your skin? (418)

- 1 Tan enhancer
- 2 Sunblock lotion with less than SPF 15;
- 3 Sunblock lotion with SPF 15 or greater
- 4 Do not use any skin products (Go to next section)
- 5 I don't purposely tan in direct sunlight or use a tanning bed. (go to next section)
- 6 Other
- 7 Don't know/Not sure (go to next section)
- 9 Refused (go to next section)

[Note: Tanning bed sessions are no more than 20 minutes and are dependent on the person's pigmentation.

Tan Enhancer can be manufactured in oil, lotion or tablet form and is designed to enhance skin tone, skin color and skin texture. Tan enhancers are used to achieve a long lasting, deep, darker tan at an accelerated rate.]

FL4.2 When you are outside, in direct sunlight, purposely for tanning; do you reapply sunblock lotion? (419)

- 1 Yes
- 2 No
- 3 No, I don't purposely tan in direct sunlight.
- 7 Don't know/Not sure
- 9 Refused

State-added 5: Antibiotic Resistance (4)

FL5.1 Have you ever heard about antibiotic resistance?

- 1 Yes
- 2 No GO TO FL5.4
- 7 Don't know / Not sure GO TO FL5.4
- 9 Refused GO TO FL5.4

FL5.2 Has your health care provider talked to you about antibiotic resistance when prescribing antibiotics?

- 1 Yes
- 2 No
- 3 Never prescribed antibiotics
- 7 Don't know / Not sure
- 9 Refused

FL5.3 Have you ever been told by your health care provider that you had an antibiotic resistant infection?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

FL5.4 Do you believe that antibiotics are a good medication for colds?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 6: Home Environment (2)

The next two questions are about water used in your home.

FL6.1 What is the main source of your home water supply? (407)

Read only if necessary: *“This refers to the water supply to taps or outlets inside the home.”*

- 1 A city, county, or town water system
- 2 A small water system operated by a home association
- 3 A private well serving your home
- 4 Other source
- 7 Don't know/Not sure
- 9 Refused

FL6.2 Which of the following best describes the water that you drink at home **most often**? (408)

Please read:

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

DO NOT READ:

- 7 Don't know/Not sure
- 9 Refused

State-added 7: Adult Asthma History (4)

If “Yes” to core Q8.1, continue; otherwise, ➡Go to next module.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

FL7.1 During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (409-410)

- ____ Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know/Not sure
- 9 9 Refused

Please read:

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection.

FL7.2 During the past 30 days, how often did you have any symptoms of asthma? Would you say? (411)

- 8 Not at any time
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time
- or
- 5 Every day, all the time

DO NOT READ

- 7 Don't know/Not sure
- 9 Refused

FL7.3 During the past 30 days how often did you take a prescription asthma medication **to prevent** an asthma attack from occurring? (412)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

DO NOT READ

- 7 Don't Know/Unsure
- 9 Refused

FL7.4 During the past 30 days, how often did you use a prescription asthma inhaler **during an asthma attack** to stop it? (413)

INTERVIEW INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

- 8 Never (include no attack in past 30 days here)
- 1 One to four times (in the past 30 days)
- 2 Five to fifteen times (in the past 30 days)
- 3 Fifteen to twenty-nine time (in the past 30 days)
- 4 Thirty to fifty-nine times (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)
- 7 Don't Know/Unsure
- 9 Refused

Optional Module

Module 15: Sexual Violence (8)

Now, I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and it may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can

ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip these questions.

M15.1 In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent (for example being groped or fondled)? (340)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M15.2 In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?. (341)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[if female]**, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

This includes putting a finger, hand, or other object in your anus or vagina. It also includes contact between the mouth and the penis, vagina, or anus.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

M15.3 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (342)

- 1 Yes
- 2 No **[Go to M15.5]**
- 7 Don't know / Not sure **[Go to M15.5]**
- 9 Refused **[Go to M15.5]**

M15.4 Has this happened in the past 12 months? (343)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI note: If M15.5 = 1 (yes), go to M15.6.

If M15.5 = 2, 7, or 9 (no, don't know/not sure, refused), and M15.3 = 1 (yes), go to M15.7.

If M15.3 = 2, 7, or 9 (no, don't know/not sure, refused), and M15.5 = 2, 7, or 9 (no, don't know/not sure, refused), go to the end of the interview.

M15.5 Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT THEN SEX DID NOT OCCUR? (344)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M15.6 Has this happened in the past 12 months? (345)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M15.7 At the time of the most recent incident, what was your relationship to the person who ***had sex with you*** -or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent? (346-347)

Do not read:

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators (**skip M15.8**)
- 7 7 Don't know / Not sure
- 9 9 Refused

INTERVIEWER NOTE: Read question only as necessary, code information as provided above.

M15.8 Was the person who did this male or female?

(348)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-888-956-7273. Would you like me to repeat this number?

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.